

## **WTF Change Request Form**

(Contact your field rep prior to submitting a change request)

Name of Organization:

Name of Requestor:

Date of Request:

Contract End Date:

Phone:

Email:

### **VENDOR CHANGES ONLY**

If you are only changing vendors and no other aspect of the grant (number to be trained, costs, goals /measures) will be affected please respond to the following. In all other cases the additional information listed is required.

- 1) Name of approved vendor
- 2) Training module
- 3) Training cost
- 4) Name, address, phone number of new vendor
- 5) Explain why this vendor has been chosen to replace the approved vendor
- 6) Training module
- 7) Training cost

### **I. Current Training Plan**

A. Brief Description of Current Training:

B. Current Goals:

C. Current Objectives and Measures:

D. Vendor Name:

E. Cost of Training:

F. Match Amount:

G. Number of Workers to be trained:

## **II. Proposed Training Plan**

H. Brief Description of Proposed Training:

I. Proposed Goals:

J. Proposed Objectives and Measures:

K. Vendor Name:

L. Cost of Training:

M. Match Amount:

N. Number of Workers to be trained:

### **III. Training Change Rationale**

O. Why is the change necessary?

**IV. Any changes in the grant affecting either the grant or match monies requires a revised budget form to be attached with the request.**